U.S. Department of Justice PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER CSX TRANSPORTATION, INC. 09-MC-00494 DEFENDANT TYPE OF PROCESS MESEROLE STREET RECYCLING, et al Writ of Execution NAME OF INDIVIDUAL, COMPANY, CORPORATION. EIC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN The First National Bank of Long Island, Attn: Donna Long SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 711 Fort Salonga Road, Northport, NY 11768 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Number of parties to be John W. Hoefling served in this case 330 Old Country Road Check for service Mineola, NY 11501 on U.S.A. BROOKLYN OFFICE SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and All Telephone Numbers, and Estimated Times Available for Service): Ask for Dona Long or Manager to accept service. Signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER **PLAINTIFF** DATE □ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE I acknowledge receipt for the total Signature of Authorized USMS/Deputy or Clerk Total Process District of District to Da number of process indicated. Origin (Sign only for USM 285 if more l0than one USM 285 is submitted) Nο I hereby certify and return that I 🗌 have personally served , 🗆 have legal evidence of service, 🗀 have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Address (complete only different than shown above) Time 🔲 am **≥** pm Total Mileage Charges Forwarding Fæ Advance Deposits Amount owed to U.S. Marshalf or Total Charges including endeavors) œ)

PRIOR EDITIONS MAY BE USED

REMARKS:

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PRINESS OPENS: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,

if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

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FORM USM-285 Rev. 12/15/80 Automated 01/00